

**CIMZIA (Certolizumab pegol. Inj.) J0718 Request**

Please Fax Response to: 1-866-6681214

Medical Request Coordinator

DATE OF REQUEST	REFERENCE NUMBER	MAS	
<p><u>Please Print.</u> Please provide the information below. PRINT your answers, <u>attach supporting documentation</u>, sign, date, and return to our office as soon as possible to expedite this request.</p> <p><b>Without this information, the request may be denied in 30 days.</b></p>			
PATIENT		DATE OF BIRTH	PROVIDER ONE CLIENT ID
PHARMACY NAME	PHARMACY NPI	TELEPHONE NUMBER	FAX NUMBER
PRESCRIBER		TELEPHONE NUMBER	FAX NUMBER
DRUG/STRENGTH	DIRECTIONS FOR USE		QUANTITY / DAYS SUPPLY
Procedure/HCPC Code: <b>J0718</b>			
<p>Is considered medically necessary under the following conditions:</p> <p>A. Treatment of Crohn's disease when prescribed by a gastroenterologist. Must have tried and failed Humira; <b>OR</b></p> <p>B. Treatment of Rheumatoid Arthritis when prescribed by a rheumatologist. Must have tried and failed Enbrel or Humira.</p>			
<p>1. What is the confirmation date for the Crohn's/Rheumatoid Arthritis diagnosis? _____</p> <p>Please attach supporting objective clinical documentation.</p>			
<p>2. Client must have tried and failed other drugs for Crohn's/ Rheumatoid Arthritis. What alternative medication(s) have been tried? What were the outcomes? How long was the trial?</p>			
<p>3. If no other medication has been tried please explain why not?</p>			
<p>4. If the requested dose is &gt; 400mg per a month, please provide justification and/or peer-reviewed medical literature providing evidence of safety and efficacy for dosing greater than what is FDA approved.</p>			
<p>5. Additional information:</p>			
PRESCRIBER SIGNATURE		PRESCRIBER SPECIALTY	DATE

**A copy of the prescription must be attached to this request.**

Fax to: **1-866-668-1214**  
Or mail to: Medical Request Coordinator  
PO Box 45535  
Olympia, WA 98504-5535

**A typed and completed General Authorization for Information form (13-835) must be attached to your request.**